## Maine Bureau of Financial Institutions Complaint Form

If you have a dispute with your financial institution (bank, savings bank, savings & loan or credit union), you may contact the financial institution's complaint representative or department and attempt to resolve the problem directly with the financial institution

If the financial institution fails to resolve the problem, please use our Consumer Complaint Form below and forward it to this office. By submitting this form to the Bureau, you are authorizing the Bureau to obtain the necessary information to investigate your complaint. Please note that the Bureau, as a regulatory agency, cannot provide legal advice and it does not have the statutory authority to adjudicate factual disputes; those issues are more appropriately handled by the courts.

Your complaint will be assigned to a Consumer Outreach Specialist who will contact you and advise you of any conclusions. Photocopies of any correspondence or materials relating to your problem may be necessary for the Bureau to act on your complaint.

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION BUREAU OF FINANCIAL INSTITUTIONS

TEL: (207) 624-8570 FAX: (207) 624-8590 TDD: (207) 624-8563

---MAIL TO---BUREAU OF FINANCIAL INSTITUTIONS CONSUMER OUTREACH PROGRAM 36 STATE HOUSE STATION AUGUSTA ME 04333

E-MAIL: Ann.P.Beane@Maine.gov

## CONSUMER COMPLAINT FORM

## PLEASE TYPE OR PRINT CLEARLY

1. CONSUMER NAME:		
LAST	FIRST	MIDDLE
TELEPHONE (WORK)		
(HOME)		
MAILING ADDRESS		(STREET)
		(CITY, STATE, ZIP)
2. COMPLETE NAME OF FINANCIAI	LINSTITUTION	
ADDRESS IF KNOWN		(STREET)
		(CITY, STATE, ZIP)
3. BRIEF SUMMARY OF COMPLAIN	T	

Please include names of any financial institution contacts.	
Signature	_ Date